# ANNEXURE – I
# Rama Medical College Hospital & Research Centre
# Mandhana, Kanpur

## CONSENT FORM

I .....son /wife of.....exercising my free power of choice, hereby give my consent to be included in the study **" STUDY AND CORRELATION OF SERUM MINERALS,VITAMIN-D AND INSULIN REESISTANCE IN PATIENTS OF TYPE 2 DIABETES MELITUS WITH AND WITHOUT MICRO-VASCULAR COMPLICATIONS"** I hereby give my consent for information related to me to be reported in the research study.

I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

**(To be explained in detail in native language)**

## सहमतिफार्म

मैं .....…../पुत्री /पत्नी/

…….....स्वयंइसअध्ययनमेंभागलेनारहा/रहींहूं I

मैंस्वयंमुझेसेसंबंधीसूचनाइसअध्ययनकार्यमेंप्रकाशितकरनेकीसहमतिदेता/देतीहूं I

मैंसमझता/समझतीहूंकिमेरापहचानगोपनीयरखीजाएगी।

एकबारहस्ताक्षरकेपश्चातमैंसहमतिरद्दनहींकरसकता/सकतीहूं I

सहभागी

नाम:.....

हस्ताक्षर/अगुठेकानिशान:.....

दिनाक:.....

# ANNEXURE-II

## PROFORMA FOR PATIENT INVESTIGATIONS

OPD NUMBER:

NAME:

AGE:

SEX :

ADDRESS:

**GENERAL INFORMATION FROM PATIENT**:

B.P.

WEIGHT

DURATION OF DIABETES:

ANTIDIABETIC TREATMENT: INSULIN / DRUGS?

URINARY FREQUENCY:

URINE OUTPUT:

FAMILY HISTORY:

APPETITE :

SLEEP :

NON HEALING ULCERS : (YES /NO)

SKIN PROBLEMS: (YES/NO)

CATARACT :

BURNING SENSATIONS IN LIMBS:(YES/NO)

MUSCLE WAISTING

ORAL CAVITY PROBLEM

THIRST

NAUSEA

RECURRENT UTI

MOOD CHANGES

CARDIAC PROBLEMS

SURGICAL HISTORY

ALOCHOLIC HISTORY

SMOKING

SWEATING

EDEMA

OTHER MEDICATIONS

**PHYSICAL EXAMINATION FOR MICROVASCULAR COMPLICATIONS**

- SWELLING : YES/NO
- URINE VOLUME :( NORMAL/DECREASED/ INCREASED)
- FREQUENCY OF URINE:
- APPETITE:
- WEIGHT LOSS:
- WEAKNESS
- NUMBNESS :YES/NO
- BURNING SENSATION:
- CRAMPS:
- MUSCLE WEAKNESS :YES/NO
- SKIN:
- REFLEXES(PAIN/TORCH/TEMP/PLANTER)
- URINARY INCONTINANCY
- SWEATING:(INCREASED/DECREASED)
- FREQUENT DIARRHOEA:(YES/NO)